

Docket No. 198069US20

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: Samuel G. ARMATO, et al.

SERIAL NO: 09/759,333

GAU: 2623

FILED: January 16, 2001

EXAMINER: MILLER, M. E.

FOR: METHOD, SYSTEM AND COMPUTER READABLE MEDIUM FOR THE TWO-DIMENSIONAL AND THREE-DIMENSIONAL DETECTION OF LESIONS IN COMPUTED TOMOGRAPHY SCANS

INFORMATION DISCLOSURE STATEMENT UNDER 37 CFR 1.97

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Technology Center 2600

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

SIR:

Applicant(s) wish to disclose the following information.

REFERENCES

- ☒ The applicant(s) wish to make of record the references listed on the attached form PTO-1449 and cited in the attached European Office Action dated October 20, 2003. Copies of the listed references are attached.
- ☐ A check or credit card payment form is attached in the amount required under 37 CFR §1.17(p).

RELATED CASES

- ☐ Attached is a list of applicant's pending application(s) or issued patent(s) which may be related to the present application. A copy of the patent(s), together with a copy of the claims and drawings of the pending application(s) is attached along with PTO 1449.
- ☐ A check or credit card payment form is attached in the amount required under 37 CFR §1.17(p).

CERTIFICATION

- ☒ Each item of information contained in this information disclosure statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this statement.
- ☐ No item of information contained in this information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application or, to the knowledge of the undersigned, having made reasonable inquiry, was known to any individual designated in 37 CFR §1.56(c) more than three months prior to the filing of this statement.

DEPOSIT ACCOUNT

- ☒ Please charge any additional fees for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to deposit account number 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

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